

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

<p>1 Name of organization Shulman For State Representative</p>	<p>Employer identification number Will Apply For</p>
<p>2 Mailing address (P.O. Box or number, street, and room or suite number) 4838 Rolling Ridge Ct</p> <p>City or town, state, and ZIP code West Bloomfield MI 48323</p>	<p>91-2063965</p>
<p>3 E-mail address of organization</p>	
<p>4a Name of custodian of records Bruce Y. Garelik</p>	<p>4b Custodian's address 30600 Northwestern Hwy # 480 Farmington Hills MI 48334</p>
<p>5a Name of contact person Bruce Y. Garelik</p>	<p>5b Contact person's address 30600 Northwestern Hwy # 480 Farmington Hills MI 48334</p>
<p>6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number Same as above</p> <p>City or town, state, and ZIP code</p>	

Part II Purpose

7 Describe the purpose of the organization

Seek contributions from citizen in order to finance campaign expenditures for State of Michigan House of Representatives

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
N/A		

13

